

HOME AND COMMUNITY BASED CARE WAIVERS: AIDS WAIVER

Five alternative services are provided under this waiver to individuals with AIDS or who are HIV + symptomatic and are at-risk of institutionalization. To receive such services, an individual must be at-risk of inpatient hospital placement or nursing home care and the provision of home and community-based care must be determined by either a Pre-admission Screening Team, WVMI (began preauthorization services in April, 2001), or DMAS to be a medically appropriate, cost-effective alternative. Individuals may not receive services under any other home and community-based waiver while receiving services under this waiver. However, they may receive services solely or in combination under any of the services included in the AIDS Waiver. The waiver year now runs concurrently with the state fiscal year from July 1st through June 30th.

	Private Duty Nursing	Personal Care	Respite Care	Enteral Nutrition	Case Management	Consumer-Directed Services
Effective Date	January, 1991	January, 1991	January, 1991		January, 1991	March 2003
Covered Services	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse	Reimbursement for services of Personal Care Aides who assist with the recipient's activities of daily living such as bathing, dressing, transferring, ambulation and meal preparation.	Reimbursement for care provided by a RN, LPN, or Aides as respite for up to 30 days or 720 hours per calendar year. Differs from Personal Care in that the goal is for the relief of the caregiver.	Reimbursement in accordance with DMAS established criteria described in Chapter IV of the DME manual.	Reimbursement for monitoring, reevaluation, revisions to the plan of care and integration of services provided by case managers for approved AIDS Waiver recipients.	Services for which the recipient or family/caregiver is responsible for hiring, training, supervising, and firing of the staff.
Excluded Services	Amount limited only by medical necessity and cost effectiveness	Transportation services. (Note: While the aide/agency cannot transport recipients, they may escort them.) Skilled services requiring professional skill or invasive therapies. Services to other members of the household.	Transportation services. (Note: While the aide/agency cannot transport recipients, they may escort them.) Services to other members of the household.		A maximum of 10 hours of case management services may be billed per month per recipient.	
Pre-screening and Authorization	Pre-assessment completed by a Pre-admission Screening Team. DMAS or WVMI must authorize this service.	Pre-screening completed by a Pre-admission Screening Team. DMAS or WVMI must authorize this service.	Completed by a Pre-admission Screening Team. DMAS or WVMI must authorize this service.	Billing must be supported by a DMAS-116.	Completed by Pre-admission Screening Teams. DMAS or WVMI must authorize this service.	Completed by Pre-admission Screening Teams. DMAS or WVMI must authorize this service.
Providers	Private duty nursing providers approved to render nursing services as either continuous nursing or as periodic nursing. Providers must be enrolled with DMAS.	Personal Care Agencies that are enrolled with DMAS to provide the service. Providers use the same number as for the Elderly and Disabled Waiver.	Providers who are enrolled as respite providers by the Provider Enrollment Unit (usually the same providers who furnish personal care services). A separate contract for Respite Care is required.	Providers who are durable medical equipment (DME) and supplies providers that are licensed or certified by the appropriate state agency.	Case Management Agencies that are enrolled with the DMAS Provider Enrollment Unit.	Providers who are enrolled as consumer-directed service facilitators.

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	Private Duty Nursing	Personal Care	Respite Care	Enteral Nutrition	Case Management	Consumer-Directed
Billing	Providers bill monthly using procedure codes to indicate the type of service provided. Reimbursement is made for the number of hours that the RN or LPN provided care during a calendar month based on an hourly reimbursement rate.	Providers bill on a monthly basis. Payment is made for the number of hours that the aide provided care during a calendar month based on an hourly reimbursement rate.	Providers bill monthly using procedure codes to indicate the type of service provided. Reimbursement is made for the number of hours that the RN, LPN or Aide provided care during a calendar month based on an hourly reimbursement rate.	Providers must use the appropriate HCPCS codes identified in the "Medicaid DME and Supplies Listing" when billing for enteral nutrition.	Providers bill monthly. Reimbursement is made for the number of hours (up to 10 per recipient) of service to the recipient's care during a calendar month based on an hourly reimbursement rate.	Providers bill using procedure codes to indicate the type of service provided. Personal attendants who provide personal attendant services submit bi-weekly timesheets to the Fiscal Agent payroll processing. Service Facilitators assist the individual in becoming the employer of CD services.
Current Rates	RN: No. Virginia: \$30.00/hour Rest of State:\$24.70/hour LPN: No. Virginia: \$26.00/hour Rest of State:\$21.45/hour	No. Virginia: \$14.39/hr Rest of State: \$12.68/hr Note: The rate for AIDS Waiver Personal Care is higher than the Personal Care rate under the Elderly and Disabled Waiver.	RN: No. Virginia: \$30.00/hr Rest of State: \$24.70/hr LPN: No. Virginia: \$26.00/hr Rest of State: \$21.45/hr Aide: No. Virginia: \$14.39/hr Rest of State: \$12.68/hr	The rates paid for nutritional supplements are in accordance with the current DME fee schedule, as published in Appendix B of the Medical Supplies and Equipment Provider Manual, issued by DMAS.	No Virginia: \$20.00/hr Rest of State: \$15.00/hr	The rates for CD personal attendant and CD respite care are: No. Virginia: \$10.10/hr Rest of State: \$7.80/hr Service Facilitator Rates: Initial Comprehensive Visit: \$209.73 NOVA \$161.56 ROS Routine Home Visit: \$ 65.23 NOVA \$ 50.18 ROS Reassessment Visit: \$105.37 NOVA \$ 80.28 ROS Recipient Mgmt. Training: \$208.73 NOVA \$160.56 ROS Mgmt. Training: \$ 26.09 NOVA \$ 20.07 ROS Criminal Record Check; \$ 15.00/check CPS Registry: \$ 5.00/unit

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	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
All Services Combined												
Number of Recipients	309	231	564	653	636	564	516	465	417	337	277	274
Payments	\$822,324	\$210,642	\$1,429,882	\$1,798,958	\$1,658,486	\$1,170,566	\$1,092,915	\$1,007,052	\$886,741	\$819,133	\$672,323	\$608,497
Cost Per Recipient	\$2,661	\$912	\$2,535	\$2,755	\$2,608	\$2,075	\$2,118	\$2,166	\$2,126	\$2,431	\$2,427	\$2,221

Sources: (1) DMAS Long Term Care Division, Home and Community-Based Care Waivers fact sheet
 (2) Recipient data from HCFA 372 Report series, "Annual Report on Home Community Based Waivers"
 (3) AIDS Waiver Fact Sheet
 (4) AIDS Waiver Services Manual

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